## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Doz 1450 Alexandria, Virginia 22313-1450 or Fax (87)-273-2888

| maintenance fee notificati                                                                                                                                                                                                                                                                                                                          | d below or directed of<br>ions.                                                                                                                   | erwise i                                         | in Block I, by (a                                                                              | JE FEE and PUBLICATI<br>ders and notification of n<br>i) specifying a new corres                                                                                                                                                                                                                                                                               | pondence address;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | and/or                                               | (b) indicating a sepa                                                                                                 | irate "FEE ADDRESS" fo                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)                                                                                                                                                                                                                                                                        |                                                                                                                                                   |                                                  |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                | Note: A certificate of mailing can only be used for domestic mailings of the<br>Fee(s) Transmittal. This certificate cannot be used for any other accompanying<br>papers. Each additional paper, such as an assignment or formal drawing, mus<br>have its own certificate of mailing or transmission.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                      |                                                                                                                       |                                                                                                                                                  |
| 20095 1500 027112008 KNOBBE MARTENS OLSON & BEAR LLP 2040 MAIN STREET FOURTEENTH FLOOR                                                                                                                                                                                                                                                              |                                                                                                                                                   |                                                  |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                | here is well-centificate of Mailling or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (47) 127-12885, on the date included being the Company of the Compan |                                                      |                                                                                                                       |                                                                                                                                                  |
| IRVINE, CA 926                                                                                                                                                                                                                                                                                                                                      | 014                                                                                                                                               |                                                  |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                                                                       | (Depositor's name)                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                   |                                                  |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                                                                       | (Signature)                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                   |                                                  |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                                                                       | (Date)                                                                                                                                           |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                     | FILING DATE                                                                                                                                       |                                                  | FIRST NAMED INVEN                                                                              |                                                                                                                                                                                                                                                                                                                                                                | ATTORNEY DOCKET NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                      | NEY DOCKET NO.                                                                                                        | CONFIRMATION NO.                                                                                                                                 |
| 10/822,589                                                                                                                                                                                                                                                                                                                                          | 04/12/2004                                                                                                                                        |                                                  | Sanjeev K. Shan                                                                                |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      | SAMINF.002A 3552                                                                                                      |                                                                                                                                                  |
| TITLE OF INVENTION:<br>MULTIPLE CHANNELS                                                                                                                                                                                                                                                                                                            |                                                                                                                                                   |                                                  |                                                                                                | ZING TWO END TERMI                                                                                                                                                                                                                                                                                                                                             | NALS USING BE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ACON S                                               | \$YNCHRONIZATIO                                                                                                       | . HTIW NO                                                                                                                                        |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                                         | SMALL ENTITY                                                                                                                                      | ISSI                                             | UE FEE DUE                                                                                     | PUBLICATION FEE DUE                                                                                                                                                                                                                                                                                                                                            | PREV. PAID ISSU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | EFEE                                                 | TOTAL FEE(S) DUE                                                                                                      | DATE DUE                                                                                                                                         |
| nonprovisional                                                                                                                                                                                                                                                                                                                                      | NO                                                                                                                                                |                                                  | \$1440                                                                                         | 2300                                                                                                                                                                                                                                                                                                                                                           | \$0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                      | \$1740                                                                                                                | 05/12/2008                                                                                                                                       |
| EXAMINER                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                   | -                                                | ART UNIT                                                                                       | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                                                                       |                                                                                                                                                  |
| JACKSON, BLANE J                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                   |                                                  | 2618                                                                                           | 370-328000                                                                                                                                                                                                                                                                                                                                                     | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                      |                                                                                                                       |                                                                                                                                                  |
| CFR 1.333)  Change of correspondence address (or Change of Correspondent Address form PTO/S8/12) attached.  Jee Address form PTO/S8/12) attached.  Jee Address Todication (or "Fee Address" Indication form PTO/S8/17, Rev 10-3/2. or more recent) attached. Use of a Custor Number is required.  J. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED |                                                                                                                                                   |                                                  | ion form<br>of a Customer                                                                      | 2. For printing on the patient front page, list (I) the names of up to 3 registered patient attorneys or agents OR, alternatively, (2) the name of a single firm (laving as a member a registered attorney or agent) and the names of up to 2 registered patient attorneys or agents. If no name is listed, no name will be printed.  3.                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                                                                       |                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                     | ess an assignee is ident<br>in 37 CFR 3.11. Comp<br>NEE                                                                                           |                                                  |                                                                                                | data will appear on the pr<br>T a substitute for filing an<br>(B) RESIDENCE: (CITY<br>Stavon, Korea                                                                                                                                                                                                                                                            | atent. If an assign<br>assignment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                      |                                                                                                                       | ocument has been filed fo                                                                                                                        |
| Please check the appropris                                                                                                                                                                                                                                                                                                                          | ate assignee category or                                                                                                                          | categori                                         | ies (will not be pr                                                                            | inted on the patent):                                                                                                                                                                                                                                                                                                                                          | Individual 🖾 Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | orporatio                                            | n or other private gro                                                                                                | oup entity 🗖 Governmen                                                                                                                           |
| 4a. The following fee(s) are submitted:  ☑ Issue Fee ☑ Publication Fee (No small entity discount permitted) ☑ Advance Ordor - # of Copies10                                                                                                                                                                                                         |                                                                                                                                                   |                                                  |                                                                                                | 4b. Payment of Fee(s): (Please first reapply any previously pald issue fee shown above)  ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-114[10]. (enclose on extra copy of this form). |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                                                                       |                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                     | SMALL ENTITY of the                                                                                                                               | is. See 3                                        |                                                                                                | b. Applicant is no long                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                                                                       |                                                                                                                                                  |
| NOTE. The Issue Fee and interest as shown by the re                                                                                                                                                                                                                                                                                                 | Publication Fee/of requeered of the United Sta                                                                                                    | uired) w<br>tos Pater                            | I not be accepte<br>at and Trademark                                                           | d from anyone other than t<br>Office.                                                                                                                                                                                                                                                                                                                          | he applicant; a regi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | stered at                                            | itomey or agent; or th                                                                                                | ne assignee or other party is                                                                                                                    |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                   |                                                  | -                                                                                              | Date 5/9/08                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                                                                       |                                                                                                                                                  |
| Typed or printed name John M. Carson                                                                                                                                                                                                                                                                                                                |                                                                                                                                                   |                                                  |                                                                                                | Registration No. 34,303                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                                                                       |                                                                                                                                                  |
| This collection of informa<br>an application. Confident<br>submitting the completed<br>this form and/or suggestic<br>Box 1450, Alexandria, Vi<br>Alexandria, Virginia 2231                                                                                                                                                                          | ation is required by 37 C<br>iality is governed by 35<br>application form to the<br>ons for reducing this bu<br>irginia 22313-1450. DO<br>3-1450. | FR 1.31<br>U.S.C.<br>USPTC<br>rden, sho<br>NOT S | The information     Time will vary     Time will vary     build be sent to the     END FEES OR | on is required to obtain or r<br>1.14. This collection is est<br>depending upon the indiv<br>e Chief Information Office<br>COMPLETED FORMS TO                                                                                                                                                                                                                  | etain a benefit by t<br>imated to take 12<br>idual case. Any co<br>er, U.S. Patent and<br>O THIS ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | he publi<br>minutes<br>imments<br>Trademi<br>S. SEND | c which is to file (and<br>to complete, includir<br>on the amount of tile<br>ark Office, U.S. Dep<br>TO: Commissioner | t by the USPTO to process<br>ig gathering, preparing, an<br>me you require to complet<br>artment of Commerce, P.C.<br>for Patents, P.O. Box 1450 |

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